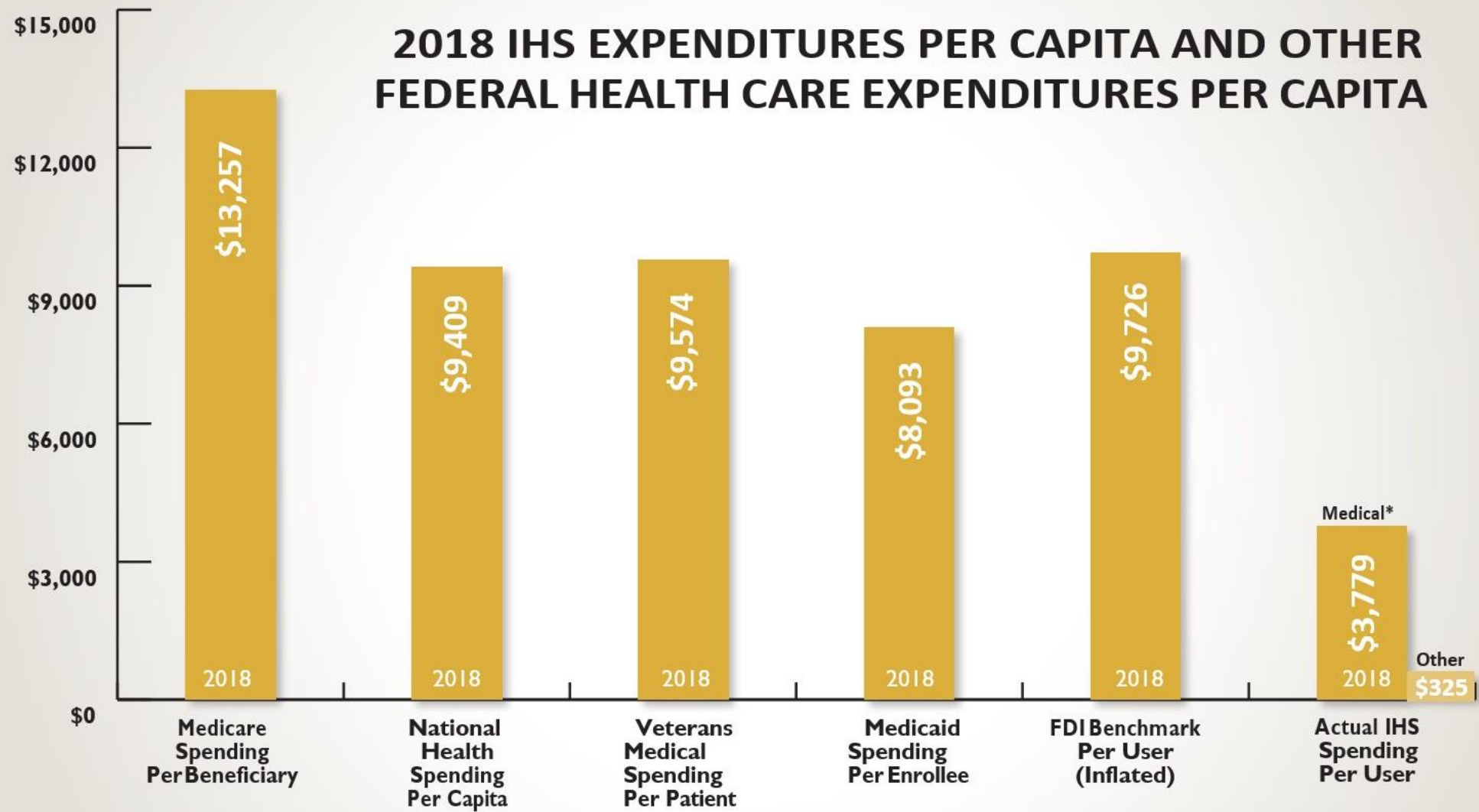




# Tribal Medicaid FQHC Billing Options

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# 2018 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



\*Payments by other sources for medical services provided to AIANs outside IHS is unknown.

4/6/2020

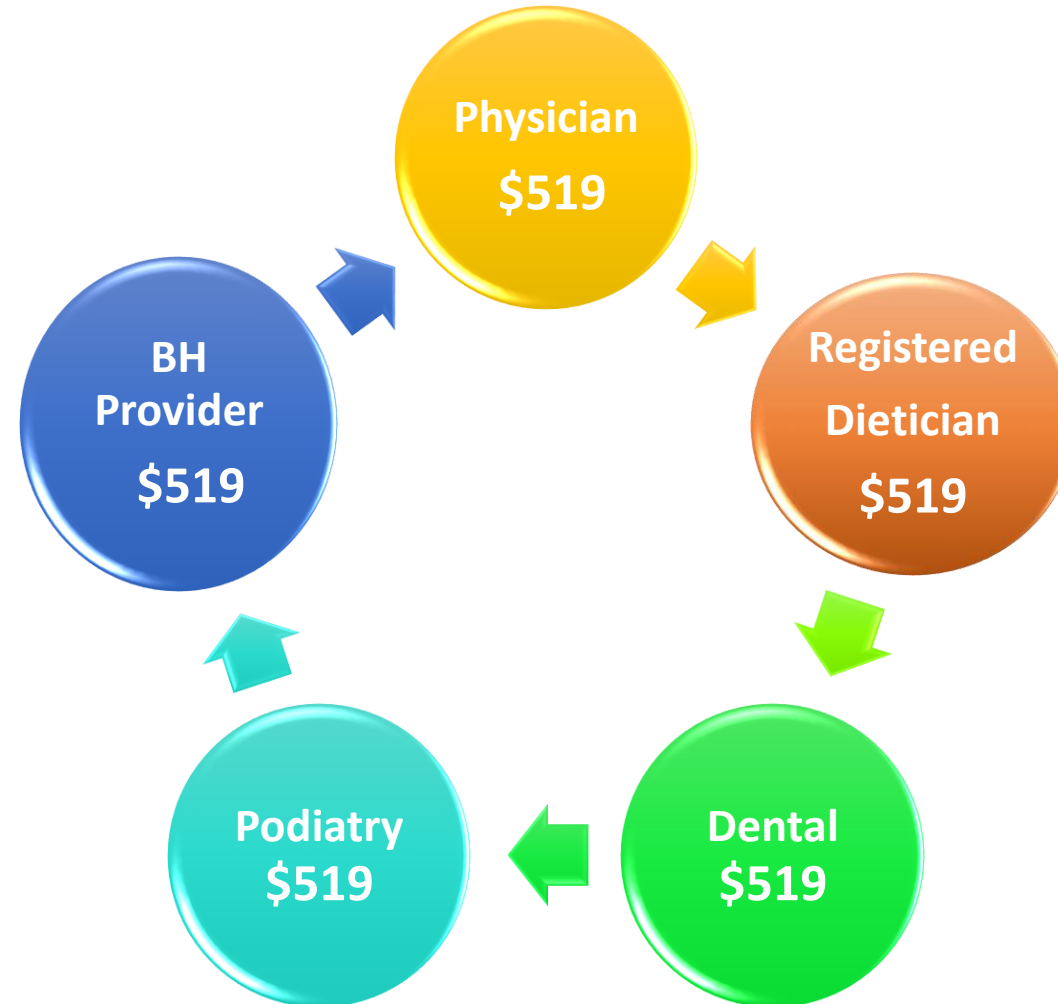
# Arizona SPA – Tribal Medicaid FQHC

- ▶ If a 638 FQHC elects an Alternative Payment Methodology then the 638 FQHC will be reimbursed an outpatient all-inclusive rate for all FQHC services. The published rate is paid for up to five encounters/visits per recipient per day. Encounters/visits are limited to the AHCCCS-registered facilities that provide covered services to Medicaid members in a 638 FQHC. The encounters/visits will be differentiated based on the patient account numbers that are assigned for each encounter/visit. Encounters/visits include covered telemedicine services.

# Federal Medicaid Assistance Percentage (FMAP)

Currently, the State receives 100% FMAP reimbursement for all eligible services provided by Tribal Health Facilities to AI/AN Medicaid beneficiaries

However, the State does NOT receive 100% FMAP for services provided to AI/AN Medicaid beneficiaries outside of the Tribal Health facilities or by Non-Indian Medicaid Providers. The regular FMAP rates would apply.



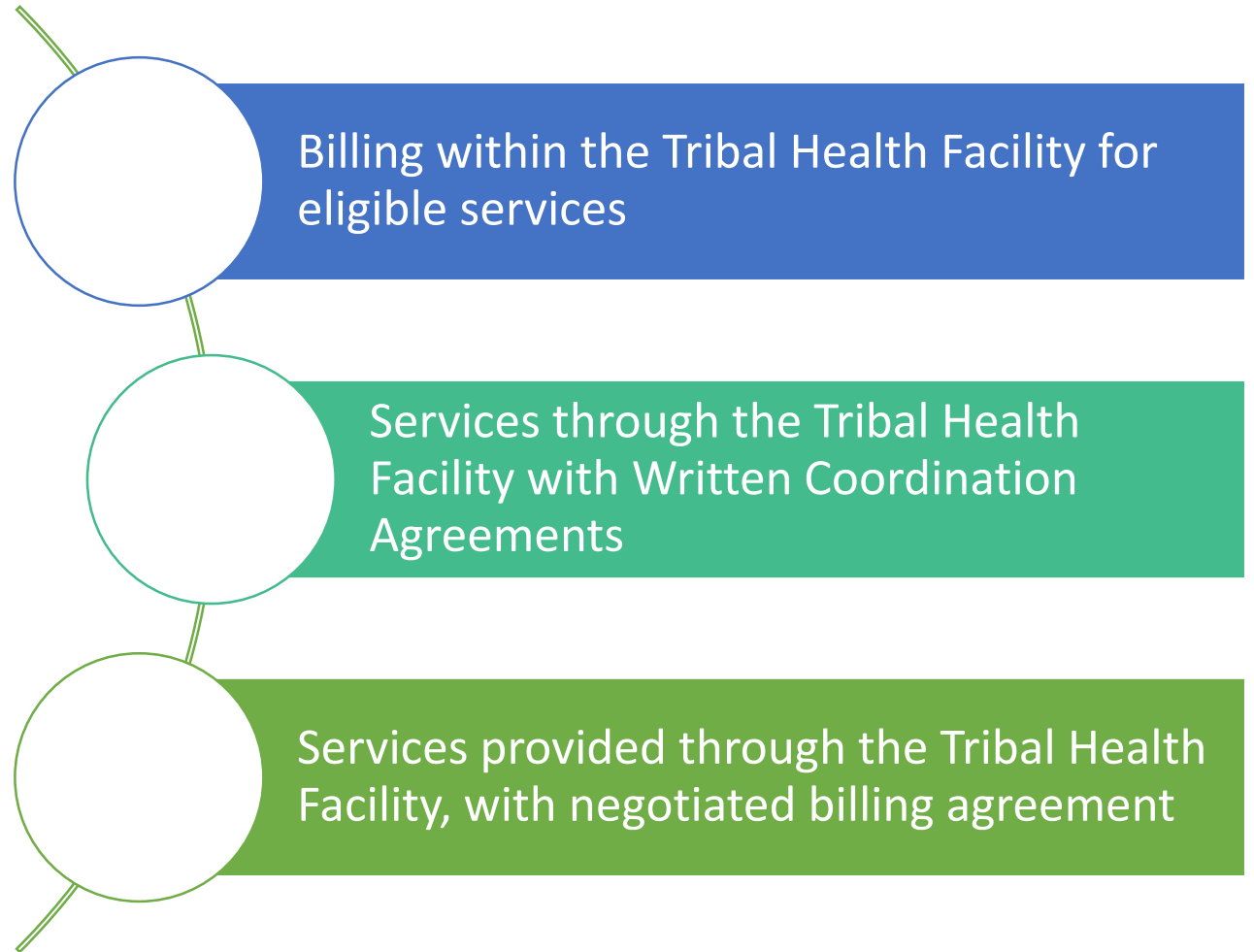
# Federal Medicaid Administrative Percentage (FMAP)

Expansion of FMAP allowance to States for services provided to and through Tribal Health Facilities for AI/AN Medicaid beneficiaries under the CMS State Health Official letter 16-002

[SHO022616 \(medicaid.gov\)](#)

Provides Tribes and Tribal Health Organizations the options to expand our coordination of care and billing options through the new designation of a Tribal Medicaid FQHC

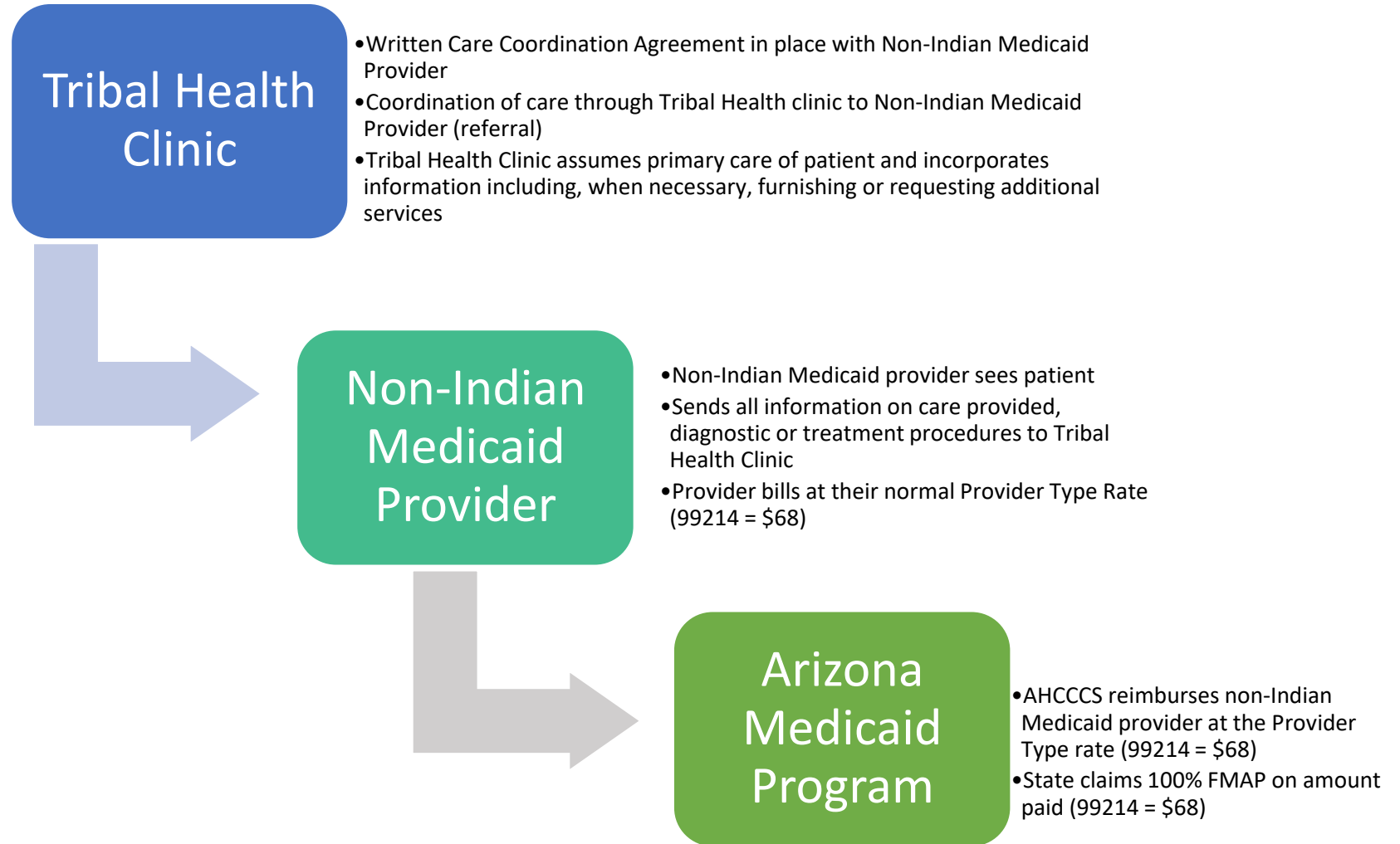
[faqs 1-18-17 \(medicaid.gov\)](#)



# Option 1

First option is for the non-Indian Medicaid provider to bill the State Medicaid program directly.

In this case, the provider would be reimbursed at the rate authorized under the Arizona State Medicaid Plan, applicable to the Provider Type and the service rendered





# Written Care Coordination Agreements

## **At a minimum, care coordination will involve:**

- ▶ The Tribal facility practitioner providing a request for specific services (by electronic or other verifiable means) and relevant information about his or her patient to the Medicaid provider
- ▶ The Medicaid provider sending information about the care it provides to the patient, including the results of any screening, diagnostic or treatment procedures, to the Tribal facility practitioner
- ▶ The Tribal facility practitioner continuing to assume responsibility for the patient's care by assessing the information and taking appropriate action, including, when necessary, furnishing or requesting additional services
- ▶ The Tribal facility incorporating the patient's information in the medical record through the Health Information Exchange or other agreed-upon means.
- ▶ Written care coordination agreements under this policy could take various forms, including but not limited to a formal contract, a provider agreement, or a memorandum of understanding and, to the extent it is consistent with IHS authority, would not be governed by federal procurement rules. The Tribal facility may decide the form of the written agreement that is executed with the Medicaid provider.

# Option 1: Considerations

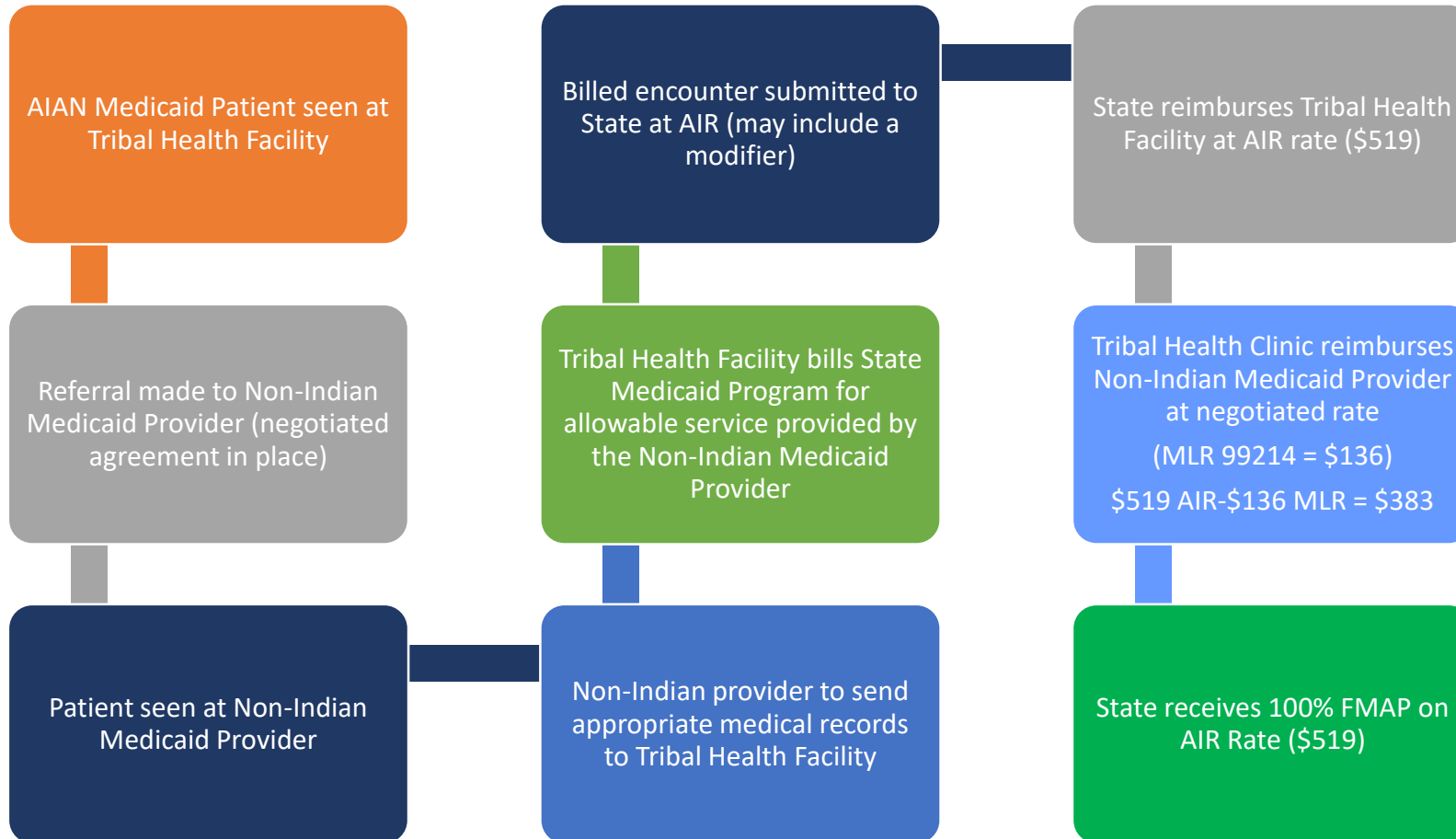
- ▶ No other change other than expanded authority of 100% FMAP to State for services provided to AI/AN Medicaid beneficiaries to and through Tribal Health Facilities
- ▶ Requires coordination between Tribal Health Facilities, Non-Indian Medicaid Providers and AHCCCS
- ▶ May include modifier so State is aware of outside referral eligible for expanded FMAP



# Option 2

- The Second option is for the Tribal Health Facility to enter into an arrangement with the Non-Indian Medicaid Provider, under which the provider assigns its claim for payment to the Tribal Health Facility in return for payment.
- The Tribal Health Facility would have to identify the services provided by the Non-Indian Medicaid Provider under the care coordination agreement that are within the scope of covered services of the Tribal Health Facility and separate them from services that are not.
- The Tribal Health facility can claim and receive reimbursement from the state for services that can properly be claimed as services of the Tribal Health Facility at the facility rate authorized under the Medicaid State Plan (i.e., OMB All Inclusive Rate 99214 = \$519)

# Option 2



## Option 2: Considerations

- ▶ Improved access to care for AI/AN Medicaid Beneficiaries
- ▶ Improved collaboration with non-Indian Medicaid Providers
- ▶ Increased 3<sup>rd</sup> Party Revenue for Non-Indian Provider and Tribal Health Facility
- ▶ Extended 100% FMAP to State
- ▶ State budget savings
- ▶ Requires coordination with Tribal Health Facilities
- ▶ May include a billing modifier

# The Availability of 100% FMAP



If all of the requirements of the SHO letter are met, then federal matching funds are available to the State at 100% FMAP rate for the amount paid by the state Medicaid program, regardless of whether the service is billed directly by the non-IHS/Tribal provider or by the IHS/Tribal facility.



A Tribal facility that is enrolled as a “clinic services” provider may enter into a written care coordination agreement with an offsite non-Tribal Medicaid provider. The payment rate for the service would be the state plan rate applicable to the furnishing provider and the service, not the applicable Medicaid state plan Tribal facility rate. The rate paid for the non-Indian provider would be 100% FMAP to the state. (Option 1)



If the Tribal facility is enrolled in the state Medicaid program as a Tribal FQHC, and if the Tribal facility has a contract in effect with the non-Tribal Medicaid provider, the Tribal facility may properly claim payment for services furnished outside of the facility by the non-Tribal Medicaid provider at the facility rate (AIR rate) (Option 2)

# Identifying Internal Barriers and Benefits

Is your tribal health program considering Tribal FQHC, if so:

- Do you have systems in place to prepare for extending contracts or Written Care Coordination Agreements with non-Tribal Medicaid Providers? Consider timely payments and adjudication of claims
- What providers should you focus efforts towards? Consider reviewing difficult access timelines for specialty care providers, supply and demand, and those providers who may only have limited availability.
- How can you strengthen and grow your provider care network? Consider open house events for local providers and business office staff to welcome new partnerships, Medicaid provider sustainability and opportunities to grow referral network of Medicaid providers for improved referral services.

# Questions?

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